

SENTENCING HEARING

Date: 01/25/18
Start: 9:59am End: 10:29am

Judge Leonie M. Brinkema
Reporter: A. Thomson
probation officer present

UNITED STATES of AMERICA

Vs.

CASE NUMBER: 1:17cr248

HYUNG KWON KIM

Counsel/Govt.: Mark Daly/Mark Lytle Counsel/Deft.: Mark Matthews/Matthew Hicks
Court adopts PSI [] without exceptions [] with the following exceptions:

SENTENCING GUIDELINES:	Upon Motion of [] Deft [] Govt
Offense Level: <u>27</u>	Court depart from G/L pursuant to:
Criminal History: <u>I</u>	[] USSG 5K1.1
Imprisonment Range: _____ to <u>60</u> months	[] USSG 5C1.2
Supervised Release Range: <u>1</u> to <u>3</u> years	[] USSG 5K2.12
Restitution: \$ <u>243,542.00</u>	[] USSG 5H1.4
Fine Range: \$ <u>12,500.00</u> to \$ <u>487,084.00</u>	[] _____
Special Assessment: \$ <u>100.00</u> per Count	

JUDGMENT of the COURT:

BOP for 6 months, with credit for time served
Supervised Release for 2 Years
Supervised Probation for _____ Years
Restitution: \$ 243,542.00 payable to _____
Fine: \$ 105,000.00 [x] Due Immediately [] Monthly payments of \$_____ to begin _____ days from imposition of sentence/release
Special Assessment: \$100.00 [] Satisfied [x] Due immediately
Fine/Costs Waived [x] Interest Waived [x]

SPECIAL CONDITIONS:

____ Home Confinement for the first _____ days/months of supervision, at the deft=s expense, w/leave as directed by Court.
____ Deft. to remain drug free, In/Out patient treatment as directed.
____ Deft to pay costs as able _____ Deft to waive privacy
____ Deft. to participate in _____ counseling as directed.
____ Deft to pay costs as able _____ Deft to waive privacy
 Pay Restitution of \$ 243,542.00, [] Due Immediately [] Monthly
 Access to all financial information/records
____ No New Credit/No Purchases over \$_____ without prior approval.
____ Cooperate fully w/BICE, may not re-enter w/o permission during S/R.
____ Seek and maintain full time employment _____ Full-time education program
 Drug Testing Waived
____ Other: _____

RECOMMENDATION TO BOP:

Deft. to be designated to a Facility in Allenwood, PA.
____ Residential Drug Abuse Treatment Program (RDAP)
____ Other: _____.

Defendant: [] Remanded [x] Self Surrender/Bond cont.

Restitution order to be provided by govt